

**REQUEST FOR WITHDRAWAL  
AS ATTORNEY OR AGENT  
AND CHANGE OF  
CORRESPONDENCE ADDRESS**

Application Number	10/734,549
Application Date	12/11/2003
First Named Inventor	Oded Grinberg
Art Unit	2153
Examiner Name	Unassigned
Attorney Docket Number	017900-004210US

**To: Commissioner for Patents**  
**P.O. Box 1450**  
**Alexandria, VA 22313-1450**

Please withdraw me as attorney or agent for the above identified patent application, and

all the attorneys/agents of record  
 all the attorneys/agents (with registration numbers) listed on the attached paper(s), or  
 all the attorneys/agents associated with Customer Number 59734

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are: Client requests transfer of matter listed below.

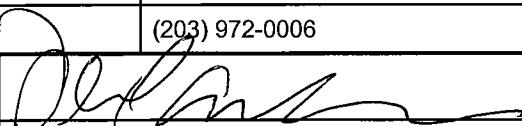
**CORRESPONDENCE ADDRESS**

1.  The correspondence address is NOT affected by this withdrawal.
2.  Change the correspondence address and direct all future correspondence to:

The address associated with Customer Number:

52025

**OR**

Firm or <input type="checkbox"/> Individual Name	Kurt Maschoff			
Address	Buckley, Maschoff & Talwalkar 50 Locust Avenue			
City	New Canaan	State	CT	Zip
Country	United States of America			
Telephone	(203) 972-0006	Fax	(203) 972-7627	
Signature				
Name	Philip H. Albert		Registration No.	35,819
Date	May 16, 2007		Telephone No.	650 326-2400

*NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.*